Resilience-Based Clinical Supervision

A facilitator companion

Resilience-based clinical supervision: a facilitator companion Second edition

Authors

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Second edition updated by Grace Cook, January 2023

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https://www.fons.org/resources/clinical-supervision-facilitator-resources/

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We would like to take this opportunity to thank everyone who has participated in or commissioned a RBCS programme from FoNS. Your contribution has been integral to the ongoing development of the programme and we therefore consider you a friend of FoNS. We are all deeply grateful.

Finally, we would like to thank Professor Gemma Stacey, for the original development of the model and her continued support since then.

Contents

Foreword to the second edition

Five years after the first course companion was developed, we began to run out of physical copies at FoNS. This felt like an opportune moment to review and update it. The first version was developed in the midst of a resilience-based clinical supervision (RBCS) preceptorship project (Stacey et al., 2020) and was used as a key resource to enable practitioners to develop the knowledge and skills to facilitate RBCS through face-to-face workshops. Subsequently we have been through a worldwide pandemic requiring FoNS to adapt these workshops, creating a champion and cascade programme for a virtual space. Since then, RBCS has gone from strength to strength. We have been fortunate to work with some amazing individuals, who have taken RBCS back into their organisations, and continued keen interest has enabled the creation of a full-time programme manager role and the recruitment of many FoNS Associates to work with us and support access to the programme in the UK and internationally.

Clinical supervision has been a part of nursing for a long time but unfortunately is often not prioritised. The pandemic brought an increased awareness of healthcare professionals' wellbeing, and clinical supervision is an example of an initiative to support this. This seems to have enhanced the desire to engage with clinical supervision. In 2021, FoNS was delighted to join a UK-wide Clinical Supervision Subject Expert Group (#CSSEG) hosted by the Florence Nightingale Foundation, with the aim of providing expertise to influence policy and share best practice. As part of this we co-authored a position paper on reflective practice in 2022 with three partner charities (Florence Nightingale Foundation et al., 2022) and published several articles in the nursing press.

Another key indicator of national support is the Professional Nurse Advocate (PNA) programme in England. PNA training, launched by NHS England, includes restorative clinical supervision, something that aligns closely with RBCS. We are delighted that this is seen as complementary and have worked closely with NHS England on this programme.

We updated our strategy in May 2022 at FoNS. We believe all individuals – those giving and receiving care – should experience health and social care as person-centred, safe and effective. RBCS offers participatory learning opportunities for facilitators to consider their own wellbeing as well as that of those around them, supporting individuals to develop the skills to facilitate RBCS. Our evaluations have been used to continually refine the programme, they are powerful and demonstrate impact.

Further information

FoNS Strategy
tinyurl.com/Fons-strategy

The CSSEG
tinyurl.com/UK-CSSEG

PNA programme
tinyurl.com/PNA-NHSE

Cultivating psychological safety through clinical supervision
tinyurl.com/sigma-CS

Review of 30 years of clinical supervision literature
tinyurl.com/Review-30CS

Introduction

This facilitator companion aims to support you in developing your skills and confidence in facilitating and implementing RBCS. It will guide you through the process of RBCS as well as suggesting several practical exercises you may want to complete before you facilitate your first RBCS session. It will signpost you to relevant resources and finally will prompt you to consider the ways in which you can embed the principles of RBCS within your team.

The intention is that the companion will complement the animation, the narrated presentations and the FoNS facilitator programmes.

Rationale

Research suggests health and social care staff employ a number of strategies to protect themselves from the emotional and physiological impact of their role. These protective strategies can involve distancing themselves from distress by avoiding meaningful engagement with patients, residents and families. Such distancing strategies can be perceived as a lack of care and kindness expressed towards others and are often seen in staff experiencing what is known as compassion fatigue, burnout or moral distress/injury.

Adding to this concern is the high level of staff leaving the health and social care professions, citing poor working conditions, increased workload and a lack of staff (Nursing and Midwifery Council (NMC), 2022). Many professionals who left were worried about their health and work-life balance (NMC, 2022; Devereux, 2022). Resilience is often perceived as an individual's ability to bounce back in times of adversity. Within RBCS we consider the ecological definition of resilience. This definition focuses on the positive outcomes that can result within communities and teams in times of adversity. This takes into account the complexity of the world we live in and requires multiple approaches not just at an individual level but community and system level. This highlights the need for organisations to develop sustainable strategies that enable health and social care staff to build resilience from the start of their professional career.

Further information

FoNS facilitator programmes and evaluations
tinyurl.com/Fons-RBCS

What is resilience-based clinical supervision?

RBCS is a facilitated reflective discussion, characterised by:

1. The identification of the unique group conditions needed to create a safe space
2. The integration of mindfulness-based stress-reduction exercises
3. An explicit focus on the emotional systems motivating the response to a situation
4. A consideration of the role of the internal critic in sustaining or underpinning the response to a situation
5. A commitment to maintaining a compassionate flow to self and consequently to others

RBCS is underpinned by the principles of compassion-focused therapy (Gilbert, 2010; Gilbert and Simos, 2022), which maintains behaviours are motivated by three emotional regulatory systems (Figure 1, page 7). These are guided by a desire to compete with the self or others for external validation and success, to soothe the self to enable contentment and self-acceptance, and to protect the self from threat.

Figure 1: Emotional regulation systems (Gilbert, 2010)

While each of these systems is effective in some circumstances, the ability to recognise and make choices about the most beneficial mode of response is a key aspect of RBCS. This is complemented by the integration of mindfulness, positive reframing and roleplay focused on enacting a preferred outcome.

Evidence for the use of resilience-based clinical supervision

Before you begin to facilitate, it may be useful to consider the evidence-base for RBCS and what the potential outcomes are for participants. Your organisation and team may also wish to know this.

RBCS was originally developed for the purpose of supporting people in their transition from student to registered practitioner. The aim was to develop a forum that, as well as being supportive, would increase the individual's ability to respond positively to the emotional and physiological demands of their role. The potential outcomes leaned towards the restorative function of clinical supervision in that individuals felt supported by the process. This requires protected time and the commitment to and mobilisation of resources in order to impact resilience and be sustainable (Table 1). This commitment enables compassionate flow (Figure 2, page 9).

Further information

An evaluation of the initial RBCS development project (Stacey et al., 2017)
tinyurl.com/Stacey-RBCS

An evaluation of a preceptorship pilot (Stacey et al., 2020)
tinyurl.com/Stacey-NEDT

An analysis of the concept of resilience applied to healthcare (Turner, 2014)
tinyurl.com/Turner-JNL

Table 1: Outcomes of RBCS	
Individual	• Use of mindfulness • Distress tolerance skills • Positive reframing skills, in particular using these to challenge the inner critic
Relational	• Critical dialogue skills • Development of supportive reflective discussions • Reflective discussion focused on emotional consequences of practice
Organisational	• Reinforces a culture which values staff and acknowledges the emotional consequences of their work

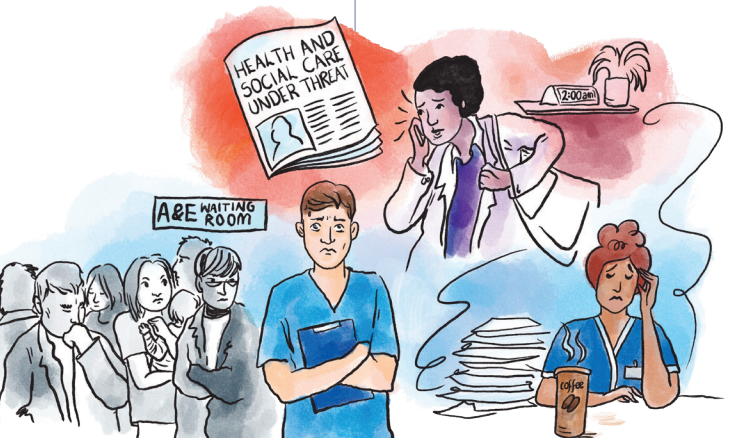
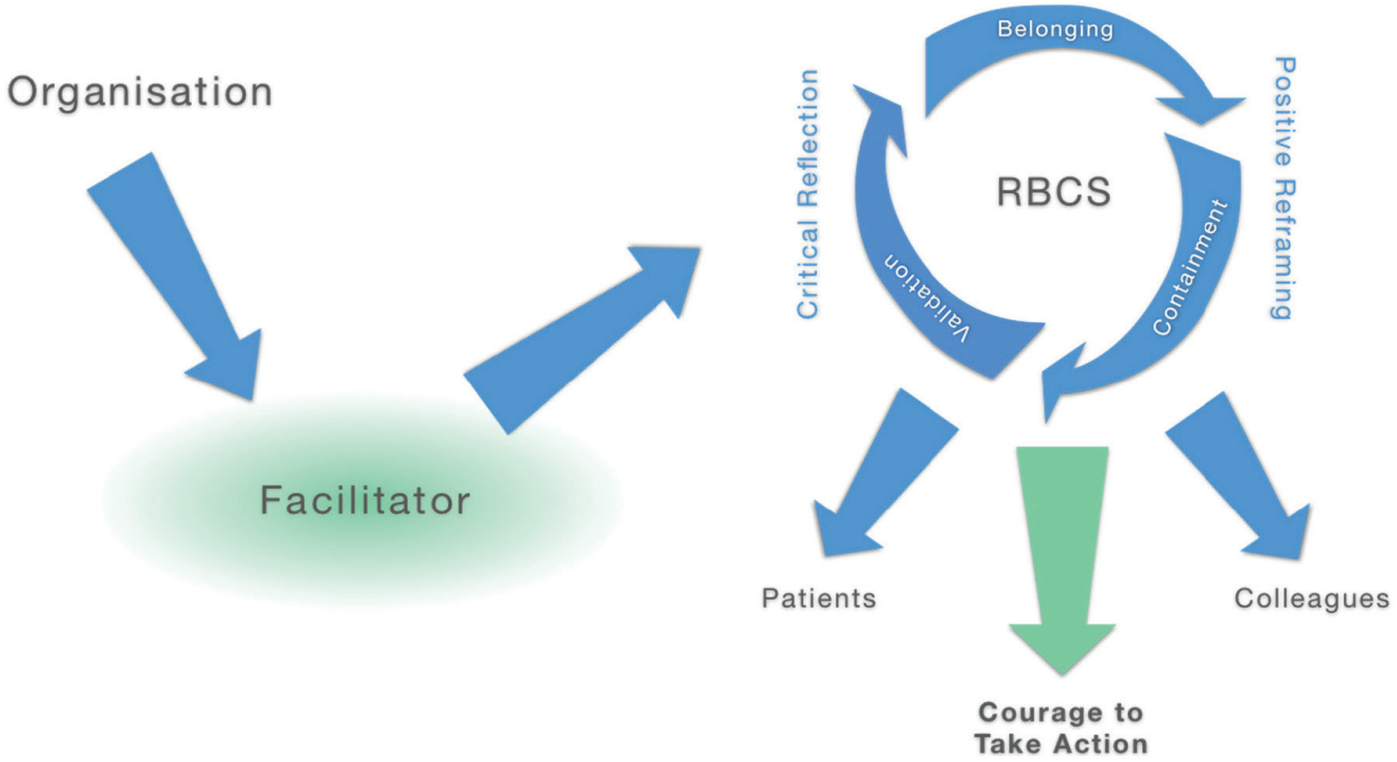


Figure 2: Compassionate flow (Stacey et al., 2020)



Evidence for clinical supervision

Literature focused on clinical supervision, and compassion-focused therapy can also be used to support the potential efficacy of this approach to supervision. Clinical supervision is recommended in the Winterbourne Serious Case Review (Flynn, 2012) and the Francis report (2013). It has been shown to:

- Reduces stress, anxiety and burnout (Winstanley, 1999; Dickinson and Wright, 2008) which results in greater staff retention and greater job satisfaction (Martin et al., 2021; Rothwell et al., 2021).
- Have a positive impact on team working (Long et al., 2013)
- Help develop an individual's knowledge, skills and confidence as well as resulting in resilient practitioners more able to cope with the various demands placed on them (Taylor, 2014; Beddoe et al., 2014)
- Help combat compassion fatigue (Mendes, 2015)
- Increase quality of care and have a positive effect on the working environment (Rothwell et al., 2021)

Alleyne and Jumaa (2007) argue that all these benefits mean clinical supervision ultimately helps improve patient care.

Evidence for compassion-focused interventions

Further information on compassion-focused therapy

Compassionate Mind Foundation
compassionatemind.co.uk

Paul Gilbert's video on the core tenets
tinyurl.com/Gilbert-CFT

- Gilbert and Proctor (2006) found a significant impact on symptoms including anxiety, self-attacking, depression and feelings of inferiority. Compassion-focused therapy has also been associated with changes in the brain associated with positive emotions such as reward, love and affiliation (Klimecki et al., 2013), and an improvement in the immune system (Pace et al., 2009)
- Heriot-Maitland et al. (2014) found staff members who had been part of compassion-focused therapy groups felt an increased sense of resilience and ability to tolerate distressing situations and the inherent threat system triggered by a stressful working environment. Ultimately staff felt better able to engage with patients and deal with incidents. Beaumont et al. (2021) also concluded that time and space for compassionate practice and reflection could enable individuals to build resilience, cultivate a compassionate mindset and be kinder to self
- Rayner et al. (2021) found that compassion focused therapy training for healthcare educators increased compassion to others which enhanced empathy and personal connection

Resilience-based clinical supervision process

The RBCS process is outlined in Figure 3 (page 12) and further explained in a short animation, available at tinyurl.com/RBCS-process.

The following sections will explain each stage of RBCS and suggest some exercises you can complete prior to facilitating your first group. During your FoNS' Facilitator programme, you will have opportunity to explore and practise each stage.

For RBCS sessions, we suggest your group should include a maximum of 10 people if meetings are conducted face-to-face. If possible, it is helpful to have a room outside the clinical environment that enables the group to have privacy and minimal interruptions. If you are working virtually, we suggest a maximum of six people and that each individual attends from a private space and has access to a microphone and camera.

There are narrated presentations of each of the five sections of the process.

Narrative presentations of the five stages of RBCS

1: Safe Space Agreement
tinyurl.com/RBCS-no1

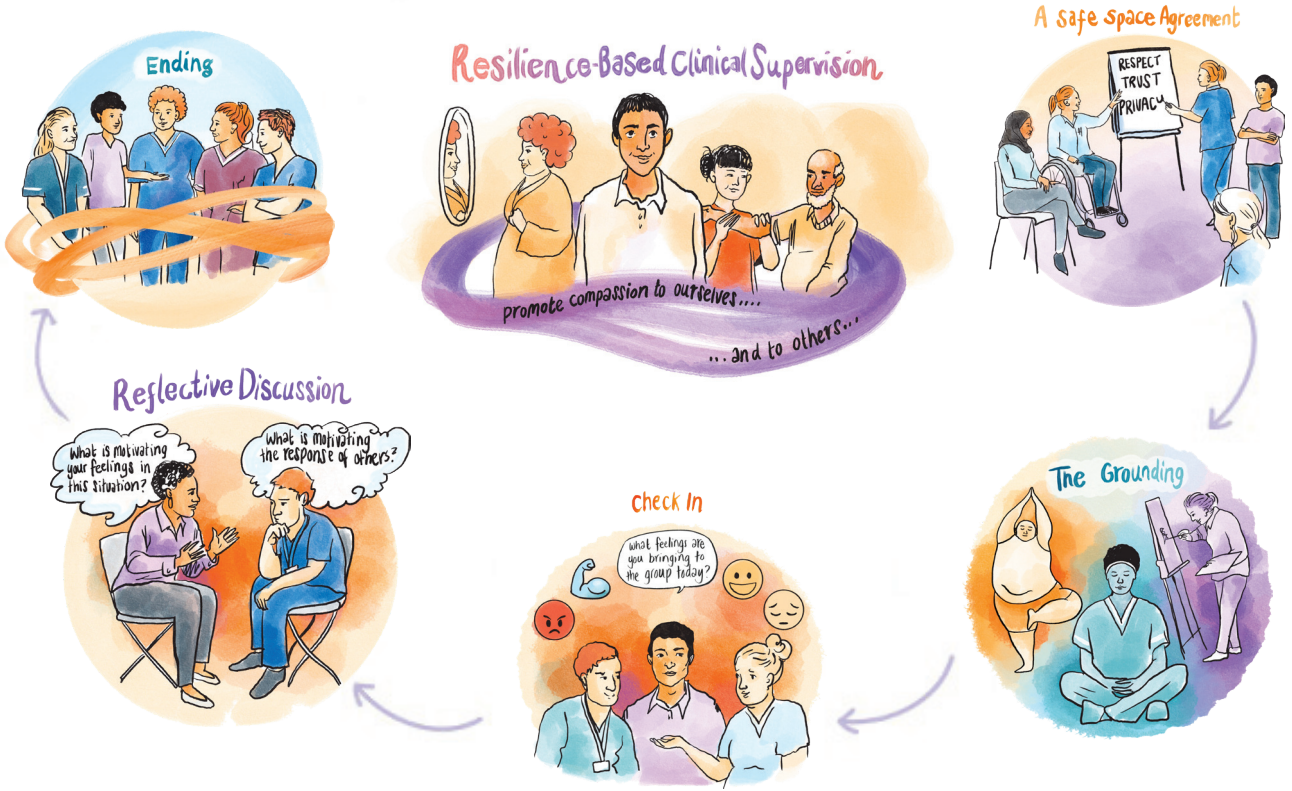
2: Grounding
tinyurl.com/RBCS-no2

3: Checking in
tinyurl.com/RBCS-no3

4: Reflective discussion
tinyurl.com/RBCS-no4

5: Ending
tinyurl.com/RBCS-no5

Figure 3: Resilience-based clinical supervision process

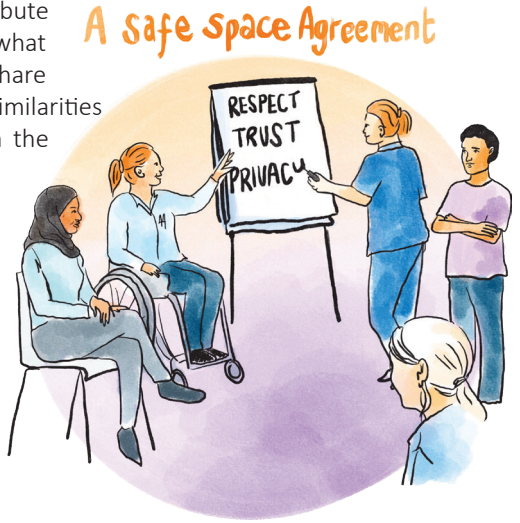


1: Safe space agreement

When the RBCS group initially meets, the first stage is to develop a safe space agreement; doing so is key to enabling the group to bring emotionally sensitive issues. There are often standard elements such as confidentiality, respect and privacy, but we should not assume that there is a shared understanding of what these words mean. Opening up conversations about these words and how they can be put into action may be helpful.

An exercise known as 'stepping in stepping out' can help you to facilitate the development of a meaningful safe space agreement with participants. Standing in a circle, ask members to think about a group situation in which they have felt able to contribute their honest perspective, felt supported by the group or identify the group as enabling them to learn. Ask them to identify the core conditions that facilitated that dynamic. Each then steps forward and shares that particular core condition. If others agree they also step forward. Members who have not stepped forward are asked to clarify their reasons and a shared understanding or agreement is reached. This continues until all members have contributed either to the suggestion or clarification on an aspect of the safe space agreement.

Alternatively, if you are working virtually, you can give each individual some independent reflection time to think about a group situation where they have felt able to contribute their honest opinion and also where they haven't. Encourage participants to consider what core conditions enabled or prohibited sharing. Each member then takes turns to share their reflections. Then, as a group, consider any similarities and differences. Use the similarities to reach a mutual understanding and develop a safe space agreement. Reflect on the differences together and decide how you will work with these.



It is important to be comfortable with silence while group members think or build the courage to make a suggestion. Make a note of the safe space agreement, ensuring that you use participants' own words. This is useful as you will want to revisit this at the start of subsequent sessions to evaluate how effectively you are working together.

Practice exercise: Prior to facilitating your RBCS group you may wish to have a go at these exercises with a group of facilitators.

2: Grounding

Each subsequent session with your participants will begin with a grounding exercise. This is to support people to be in the here and now and be present within the supervision session. It also gives an opportunity for individuals to try different grounding exercises and share what works for them.

The length of the exercise will depend on the group and the time you have; we suggest around five minutes. Experience tells us that facilitation of these exercises becomes easier with practice. You may want to start with a simple breathing exercise, using a script. It is important not to rush the exercise and to take pauses throughout. Offering a variety of options is also helpful. You might ask participants to bring in an object, material or smell they associate with feeling soothed. They can then focus on this while you take them through the breathing exercise. Or you can use imagery, asking them to visualise a person or place that makes them feel secure, calm and at peace. You could also do a more practical exercise such as 54321 (see Resources).

Following the grounding exercise, briefly explore how the group is feeling. The idea is that the members are focused on the here and now, and present in the supervision session, although people often describe feeling slightly sleepy. It isn't a problem if members find it difficult to connect with the exercise, as different approaches work for different people.

Encourage group members to practice grounding outside the group, perhaps when preparing for a new situation or a challenging conversation, or after a stressful event. Ideally, over time they will feel comfortable to share their strategies and facilitate the grounding exercise for others in the group.

Practice exercise: Facilitate a grounding exercise for a group. Try a variety of techniques including breathing, imagery and initiating the senses. Don't forget to reflect on how you feel afterwards and notice the influence on your body and thinking. The resources can also be played to participants at sessions.

Resources

Simple breathing exercise
Mark Williams – Three-minute breathing space
tinyurl.com/williams-3min

Relaxing safe place imagery
Get Self Help
tinyurl.com/GSH-safeplace

Compassionate Mind exercises (audio)
tinyurl.com/CM-audio

Grounding techniques, including 54321
Therapist Aid
tinyurl.com/TA-grounding

Mental health and wellbeing app
ShinyMind (free for NHS staff)
tinyurl.com/shiny-mind

3: Check in

Following the grounding exercise, each session with participants will include a check-in. In RBCS the check-in should focus on the feelings or emotions the person is bringing to the group; these may be emotions that individuals have about an event that has happened recently or alternatively could be current emotions. Each person should have about two minutes during the check-in to share these feelings. People sometimes find it difficult to name or recognise their emotions, so it can be helpful to offer suggestions for how they can do this.

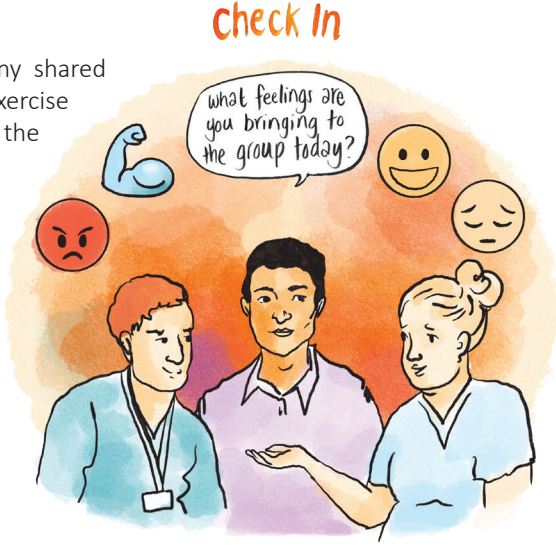
For example:

- What does your body feel like right now and what does this tell you?
- What thoughts are going through your mind and why do you think that might be?
- What colour would represent how you feel right now, and what does that colour mean to you?
- How might your closest friend describe how you're feeling today?

It can be helpful to use check-in cards, such as pictures of the weather, to support people to identify and share their emotions.

Once each member of the group has acknowledged their feelings, identify any shared emotions and where the group would like to focus the reflective discussion. This exercise will enable you to be aware of what the group is bringing to the session and where the priority needs to be in terms of support and discussion.

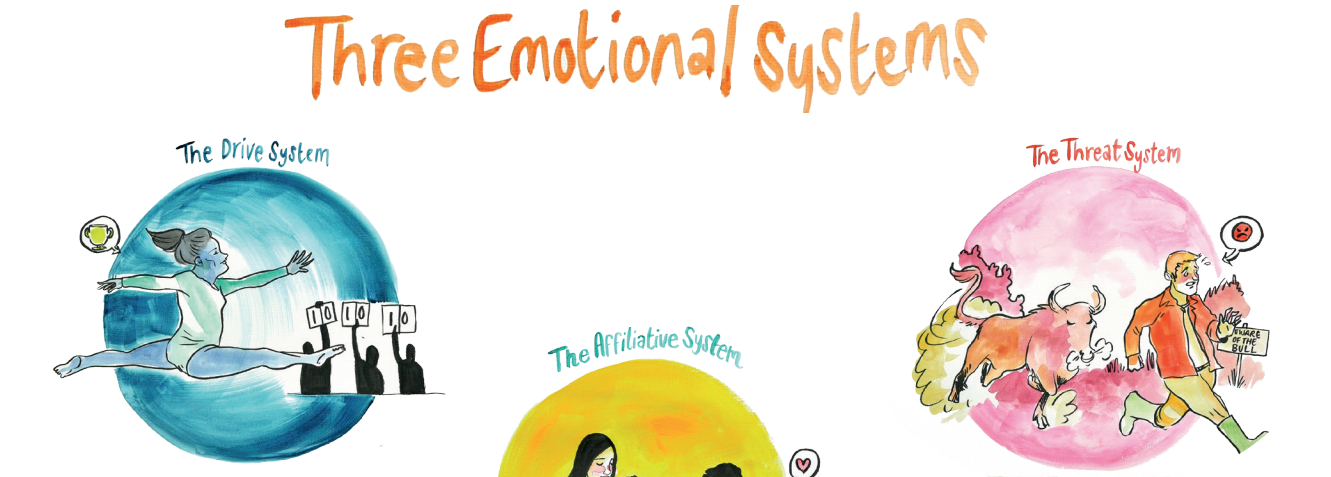
Practice exercise: Prior to facilitating you may wish to practice checking in with a group of facilitators. Another exercise to do is in a different group or one-to-one discussion where you are supporting a colleague, try to consider the emotions that are influencing their challenges by prompting them to identify or name the feelings they are experiencing. This will help you to shift the nature of the support you offer in different circumstances.



4: Reflective discussion

The way you facilitate the reflective discussion with your RBCS participant group will be about your personal style, and the model is not prescriptive. The key is the use of the three emotional systems to help the group members understand what underpins their response to a situation or reflect on what might be motivating a colleague's, patient's or the organisation's response.

Figure 4: Three emotional regulation systems



Incentive/resource focused
Seeking/behaviour activating
Drive/excite/vitality
Dopamine = feeling of motivation, excitement

Affiliative/soothing
Contentment, compassion, kindness, being present
Endorphins, oxytocin = feelings of wellbeing, love, social safeness

Threat focused/safety seeking
Activating/inhibiting
Anger/anxiety/discussed
Adrenaline, cortisol = fight/flight/freeze response

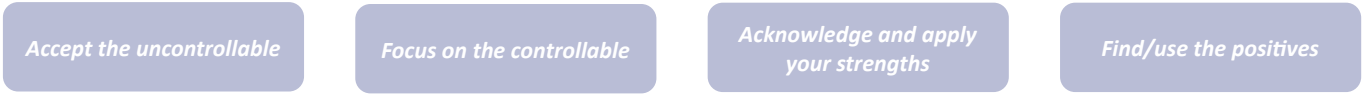
One option you might try is to use questions such as: How is your emotional regulation system balanced at the moment? In that moment of distress, conflict, or challenge, what thoughts were going through your mind? What did you notice about how your body was feeling? What does this tell you about the emotional system that might have been influencing your response? Would you have preferred to have accessed a different emotional system? If so, how might you have achieved this?

Alternatively, you could ask the RBCS participants to name the emotions they think might have been at play in the situation. Then set up a number of empty chairs, each one representing a different emotion. Members of the group then sit in each chair and reflect on how that emotion is influencing the situation and various responses. Virtually, you can ask each member of the group to identify the different emotions at play and reflect on their influence.

It is also helpful to think about how you can support RBCS participants to understand the reactions of others to a situation. Some people find it beneficial to take the role of another person and try to answer the facilitator's questions from this other perspective.

Each of these strategies aims to connect the RBCS participants with the underpinning feelings as opposed to moving straight to problem solving. The importance of this can be found in Brené Brown's short video on the difference between sympathy and empathy. This can be found at tinyurl.com/Brené-empathy. This can be followed by a discussion about the preferred response or outcome and how the underpinning feelings can be mediated to achieve this. This is a good opportunity to refer back to some of the grounding exercises or to consider facilitating a positive reframing exercise (Figure 5, page 19).

Figure 5: Positive reframing exercise



Throughout the reflective discussion we encourage you and the group to listen out for the critical voice, which may present itself as self-criticism, lack of confidence or self-doubt. It is important to identify where this is present and offer the RBCS participants the opportunity to support each other to challenge the influence of the self-critic. This is often about recognising the individual's strengths and challenging unhelpful personal expectations. A positive reframing exercise may be helpful. Alternatively, individuals can be supported to 'take their thoughts to court' and you can view a video explaining this process at tinyurl.com/GSH-court.

Practice exercise: Take some time now to watch the Patient Voices catalogue of stories at patientvoices.org.uk/find-htm *with a group of potential facilitators. Using the emotional systems framework, try to identify which emotional systems are contributing to the responses of the people in the stories. You can search for stories in the Patient Voices catalogue that are relevant to your workplace by pressing* ctrl-f *or* cmd-f*. We recommend:*

- *Floristry, perhaps?*
- *Critical care*
- *Breaking bad news*
- *Forgotten to remember*
- *A little bit awkward*

Please note that some of these stories are very emotive and you may wish to let people know before playing them.

Following this discussion, work in small groups to roleplay ways in which you may facilitate the integration of the emotional systems into the reflective discussion you will have with participants. You can do this in small groups face to face or use breakout rooms.

5: Endings

The ending of the session offers a good opportunity to reinforce the message of promoting compassion to ourselves and others. This can be achieved by asking each member of the group to thank another member for an aspect of their contribution. Alternatively, you could ask the group members to identify a positive action they are going to take following the group work. Finally, you can ask them to write a postcard to themselves, which you can post to them after the session. This can be particularly helpful if the discussion has focused on self-criticism as the message should focus on a positive self-statement.

Practice exercise: End a session with one of these exercises and spend some time reflecting on how you are left feeling as you close the session.

Implementation

Implementation for each organisation is different and will be dependent on time and resources. You may find that completing a Claims, Concerns and Issues (CCI) exercise is a helpful way to gain the views and perspectives of all the individuals involved.

You can find more about this CCI exercise in the Resources section of the FoNS website, at tinyurl.com/FoNS-CCI.

One of the most important factors is group and facilitator consistency. This has been shown to have a positive impact on group dynamics, allowing for a safe and trusting space (Stacey et al., 2020). This is a key consideration for implementation in your organisation.

What claims or positive statements would you make about RBCS?	What concerns or negative statements would you make about RBCS?	What questions do you have about RBCS?

Summary

Stage 1: Preparation/getting started

Once you are ready to begin facilitating RBCS, you will need to consider practical things like rooms, scheduling of sessions, inviting people to join, stationery required and any other resources. You may also have existing events, such as preceptorship programmes, where this can be integrated. We suggest a maximum of 10 participants per group face to face, with each session allocated two hours. Virtually, we suggest a maximum of six. We have found fortnightly sessions work well.

Stage 2: Introductory session, involving:

- The development of the safe space agreement
- A commitment to attend
- Work on the three emotional response systems
- Gathering baseline evaluation evidence

Stage 3: Regular sessions, involving:

- Reminder of safe space agreements
- Grounding
- Checking in
- The reflective discussion
- The ending

RBCS evaluation

Evaluating any innovation is important right from the beginning. This allows you to consider what is happening in practice, what is working well and what may need to be improved on. You can revisit the CCI exercise above to gain individual views. FoNS has an evaluation section at tinyurl.com/FoNS-CS-resources, where we have several evaluation resources that we would recommend you consider prior to implementation. We are very interested to learn about how RBCS is being implemented and the impact it is having within your organisation. It would therefore be helpful if you shared your evaluations with us by emailing rbcs@fons.org, so we can gain a better understanding of the enablers and barriers to effective implementation.

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